

SUPPORTING DOCUMENTS

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STATE “NEGOTIATED” PERFORMANCE MEASURES

SUPPORTING DOCUMENTS

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OUTCOME MEASURES

01

OUTCOME MEASURE

Type: Outcome

Category: N/A

The infant mortality rate per 1,000 live births.

GOAL

To reduce the number of infant deaths.

MEASURE

Infant (from birth through 364 days) deaths per 1,000 live births.

DEFINITIONS

Numerator: Number of deaths to infants from birth through 364 days of age.

Denominator: Number of live births.

Units: 1000 **Text:** Rate per thousand

HEALTHY PEOPLE 2000 OBJECTIVE

Objective 14.1

Reduce the infant mortality rate to no more than 7/1000 live births.

DATA SOURCE and DATA ISSUES

Vital records collected by the State.

SIGNIFICANCE

All countries of the world measure the infant mortality rate as an indicator of general health status. The U.S. has made progress in reducing this rate, but the rate of decline has slowed in the last 10 years. There is still significant racial disparity, as noted in the Healthy People 2000 Mid-course Review. Rates are much higher in the lower social class and in the lowest income groups across all populations.

OUTCOME MEASURE

Type: Outcome
Category: N/A

The ratio of the black infant mortality rate to the white infant mortality rate.

GOAL

To reduce the disparity (ratio) between the Black and White infant mortality rates.

MEASURE

The ratio of the Black infant mortality rate to the White infant mortality rate.

DEFINITIONS

Numerator: The Black infant mortality rate per 1,000 live births.

Denominator: The White infant mortality rate per 1,000 live births.

Units: 1 **Text:** Ratio

HEALTHY PEOPLE 2000
OBJECTIVE

Objective 14.1 and 14.1a.

Reduce the infant mortality rate to no more than 7/1000 live births.

Reduce the Black infant mortality rate to no more than 11/1000 live births.

DATA SOURCE and DATA
ISSUES

Vital records collected by the State.

SIGNIFICANCE

All countries of the world measure the infant mortality rate as an indicator of general health status. The U.S. has made progress in reducing this rate, but the rate of decline has slowed in the last 10 years. There is still significant racial disparity, as noted in the Healthy People 2000 Mid-course Review. Rates are much higher in the lower social class and in the lowest income groups across all populations. The disparity (ratio) for Black infant mortality is over twice the White rate. Black women are twice as likely as White women to experience prematurity, low birth weight, and fetal death.

OUTCOME MEASURE

Type: Outcome
Category: N/A

The neonatal mortality rate per 1,000 live births

GOAL

To reduce the number of neonatal deaths.

MEASURE

The neonatal death rate (deaths to infants under 28 days) per 1,000 live births.

DEFINITIONS

Numerator: Number of deaths to infants under 28 days.

Denominator: Number of live births.

Units: 1000 **Text:** Rate per thousand

HEALTHY PEOPLE 2000
OBJECTIVE

Objective 14.1d

Reduce the neonatal mortality rate to no more than 4.5 per 1,000 live births.

DATA SOURCE and DATA
ISSUES

Vital records collected by the State.

SIGNIFICANCE

Neonatal mortality is a reflection of the health of the newborn and reflects health status and treatment of the pregnant mother and of the baby after birth.

OUTCOME MEASURE

Type: Outcome
Category: N/A

The postneonatal mortality rate per 1,000 live births.

GOAL

To reduce the number of postneonatal deaths.

MEASURE

Postneonatal (28 to 364 days) deaths per 1,000 live births

DEFINITIONS

Numerator: Number of deaths to infants 28 through 364 days of age.

Denominator: Number of live births.

Units: 1000 **Text:** Rate per thousand

HEALTHY PEOPLE 2000
OBJECTIVE

Objective 14.1g

Reduce the postneonatal deaths to 2.5/1000 live births or less.

DATA SOURCE and DATA
ISSUES

Vital records collected by the State.

SIGNIFICANCE

This period of mortality reflects the environment and the care infants receive. SIDS deaths occur during this period and have been recently reduced due to new infant positioning in the U.S. Poverty and a lack of access to timely care are also related to late infant deaths.

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OUTCOME MEASURE

Type: Outcome

Category: N/A

The perinatal mortality rate per 1,000 live births.

GOAL

To reduce the number of perinatal deaths.

MEASURE

Perinatal deaths (neonatal deaths under 7 days and fetal deaths of ≥ 20 weeks gestation) per 1,000 live births.

DEFINITIONS

Numerator: Number of fetal deaths ≥ 20 weeks gestation plus deaths occurring under 7 days.

Denominator: Live births + fetal deaths.

Units: 1000 **Text:** Rate per thousand

**HEALTHY PEOPLE 2000
OBJECTIVE**

Related to Objective 14.1d and 14.2

Reduce the neonatal mortality to no more than 4.5 per 1,000 live births.

Reduce the fetal death rate (20 or more weeks gestation) to no more than 5 per 1,000 live births plus fetal deaths.

**DATA SOURCE and DATA
ISSUES**

Vital records collected by the State.

SIGNIFICANCE

Perinatal mortality is a reflection of the health of the pregnant woman and newborn and reflects the pregnancy environment and early newborn care.

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OUTCOME MEASURE

Type: Outcome
Category: N/A

The child death rate per 100,000 children aged 1-14

GOAL
MEASURE

To reduce the death rate of children aged 1-14.

Child death rate for 1-14 year olds per 100,000 children in that age range.

DEFINITION

Numerator: Number of deaths among children aged 1-14 years.

Denominator: Number of children aged 1-14.

Units: 100,000 **Text:** Rate per hundred thousand

HEALTHY PEOPLE 2000
OBJECTIVE

No HP 2000 Objective, but found as an age-related objective.

Reduce the death rate for children by 15% to no more than 28 per 100,000 children aged 1-14.

DATA SOURCE and DATA
ISSUES

Child death certificates are collected by State vital records. Data on total number of children comes from the Census.

SIGNIFICANCE

While children's likelihood of survival increases dramatically after the first year of life, the child death rate remains of concern. The child death rate has decreased in the last decade, falling from 33.8 in 1985 to 28.8 in 1992. The DHHS's strategic plan identifies improvements in the rates of preventable death as part of priority goals for children and youth.